

GSA Form 14
October 1953

GENERAL SERVICES ADMINISTRATION

ROUTING SLIP

TO—

NAME

BUILDING, ROOM NUMBER, ETC.

1. *M. W. K.*
- 2.
- 3.
- 4.
- 5.

FOR—

- | | | |
|---|---|---|
| <input type="checkbox"/> APPROVAL | <input type="checkbox"/> IMMEDIATE ACTION | <input type="checkbox"/> RECOMMENDATION |
| <input type="checkbox"/> AS REQUESTED | <input type="checkbox"/> INITIALS | <input type="checkbox"/> SEE ME |
| <input type="checkbox"/> CORRECTION | <input type="checkbox"/> NECESSARY ACTION | <input type="checkbox"/> SIGNATURE |
| <input type="checkbox"/> FILING | <input type="checkbox"/> NOTE AND RETURN | <input type="checkbox"/> YOUR COMMENT |
| <input type="checkbox"/> FULL REPORT | <input type="checkbox"/> READ AND DESTROY | <input type="checkbox"/> YOUR INFORMATION |
| <input type="checkbox"/> HANDLE DIRECTLY | <input type="checkbox"/> ALLOTMENT SYMBOL | |
| <input type="checkbox"/> PREPARE REPLY FOR SIGNATURE OF _____ | | |
| <input type="checkbox"/> ANSWER OR ACKNOWLEDGE BEFORE _____ | | |

FROM

J. F. K.

DATE

1-14-64

REMARKS

*Please prepare resolution
on 130 day service
contemplated for Commission
Meeting and action -*